Payment by Results system. Inaccurate coding of procedures may lead to significant losses for the hospital, however the degree of loss is unknown.
Aim: To ascertain the Royal United Hospital Bath's ENT clinic activity, and estimate potential unclaimed income from PCTs.
Method: A prospective review of ENT clinic activity and the coding of chargeable procedures over a one week period at a District General Hospital.
Results: 189 patients were seen in 7 clinics during which 84 chargeable procedures were performed. Only 10 (12%) of these procedures were recorded however, conferring potential lost earnings of £8,786 per week (£421,724 pa).
Conclusion: Failing to accurately record clinic procedures could lead to substantial departmental lost earnings. Although if each department were to accurately charge for their work the tariff system of PCTs would be unsustainable, this audit highlights the gap between PCT funding and the hospital procedural tariff use. Outpatient clinics must develop an efficient method of recording procedures to plug this financial gap.

0086: AUDIT OF TWO WEEK RULE REFERRALS FOR SUSPECTED HEAD AND NECK CANCER – A COMPARISON OVER TEN YEARS

Clare Williams, Rebecca Byrne, David Holden, Ian Sherman, Venkat Srinivasan. *Department of Otolaryngology, Wirral University Teaching Hospital, Merseyside, UK.*

Aim: To audit the two week rule head and neck cancer referral pathway, with regards to its appropriate usage and the data obtained from it, and to compare this to an audit performed ten years prior.
Method: A list of two week rule referrals received by Wirral University Hospital between 1st January and 30th June 2012 was obtained. Proformas and case notes were reviewed to obtain data. This was compared with the previous audit from 2002.
Results: 357 referrals were received during 6 months, compared to 149 throughout 2002. 17% of referrals were incorrectly completed, improved from 37% previously. Overall pick up rate of cancers diagnosed as a result of two week referrals has fallen slightly to 5% from 9%.
Conclusion: The number of two week rule referrals made to ENT has increased over the past 10 years. Although improvements have been made regarding the quality of these, inappropriate and incomplete referrals are still received. Modifications to the proforma, and increasing education to primary care providers should be considered to improve both the quality of patient care, and the pressure of these referrals on ENT departments.

0141: SEPTAL BUTTON INSERTION: THE TWO-FORCEPS SCREW TECHNIQUE

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Nasal septal perforation has a variety of causes and patients can present with a range of symptoms. Those who require surgery are offered occlusion of the perforation using prosthesis or a surgical procedure. Patients are managed with a septal button if they are unsuitable to undergo surgery to close the perforation.
Insertion of a nasal septal button can be difficult and invariably requires general anaesthesia due to a moderate level of patient discomfort and operative complexity. A range of techniques and prostheses have been described in the literature. The senior author of this paper (SA) describes a technique which aims to simplify the insertion of a nasal septal button.
The method we describe for the insertion of a nasal septal button is easy to learn; the septal button is securely fitted in place, and this procedure can be performed with local anesthesia. In our experience, it does not have some of the problems encountered in similar procedures previously reported.

0160: SKIN EXCISIONS IN A DISTRICT GENERAL HOSPITAL

Kerry-ann Hanks, Angeles Espeso, Charlie Hall. *Gloucestershire Royal Hospital, Gloucestershire, UK.*

Aim: To audit surgical clearance of skin cancer excisions performed by the ENT Department in a District General Hospital.
Method: Retrospective audit of primary skin excisions performed in Gloucester Hospital between January 1st and June 30th 2012. Patients identified using theatre logbooks and computerised pathology records. Age, sex, site of excision, histology of excised tissue and clearance margins were recorded.
Results: 94 excisions performed on 86 patients.
60% were benign pathology and 40% carcinoma/carcinoma in situ.
In malignant excisions, age range was 52 - 97 years, with an average of 78 and male to female ratio of 9:1.
Malignant pathologies included basal cell carcinoma (58%), squamous cell carcinoma (24%), baso-squamous carcinoma (8%), malignant melanoma (5%), squamous cell carcinoma in-situ (2%) and sebaceous carcinoma in-situ (3%).
The overall surgical clearance was 71% which increased to 81% when performed by an ENT surgeon with a specialist interest in skin.
Conclusion: A wide variety of skin lesions were encountered, providing training opportunities for Registrars. Whilst there is no clear 'Gold Standard' for acceptable clearance rates, particularly when dealing with the nose and ear region, our rate is comparable to others in the literature when performed by a skin specialist.

0211: IMPACT OF ELECTRONIC PATIENT RECORDS (EPR) ON ENT OUTPATIENT CLINICS

Sonia Kumar, Laura Nohavicka. *Royal Berkshire Hospital, Reading, Berkshire, UK.*

Objectives: To assess the impact of EPR on patient clinics. Two audit standards were examined: the introduction of EPR should not reduce the time doctors spend with their patients; coding procedures on EPR should be performed correctly.
Methods: Time spent on EPR per clinic was recorded by each of the doctors in the department over a week. This was compared to a week before the introduction of EPR. In addition the number of flexible nasal endoscopes (FNE) recorded on the computer system was compared to the physical number of FNEs used.
Results: On average 1:38 min was spent on EPR per patient. Consultant clinic time per patient reduced from 15:57 to 13:19 min after the introduction of EPR. Middle grade and ear care clinics lengths increased (16:39 to 17:07 min and 12:36 to 13:33 min). The number of FNEs performed was 57, but only 11 were coded on EPR.
Conclusions: Patients spend less time with their doctors since the introduction of EPR. Overall, the time spent on EPR per clinic corresponded to an additional patient per clinic. The shift of responsibility to clinicians for coding procedures has financial implications: not coding FNEs correctly in the week examined cost £2226.40.

0281: THE NURSE-LED MASTOID CLINIC

Wai Sum Cho [1], Tawakir Kamani [2], Edwina Yi Hui Goh [1], Emlyn Jones [1], Mat Daniel [1], John Birchall [1]. [1] *Otolaryngology Head and Neck Surgery, Nottingham University Hospitals, Queens Medical Centre, Nottingham, UK;* [2] *Otolaryngology Head and Neck Surgery, Royal Derby Hospital, Derby, UK.*

Aim: Mastoidectomy is a common otological procedure and a proportion of patients require long-term post-operative care for wax build-up or infection. We aimed to evaluate the utility of the nurse-led mastoid clinic (NLMC).
Methods: Retrospective notes review of 100 pseudo-randomly selected patients that were under the care of NLMC.
Results: These patients made a total of 4346 visits, a mean of 5.3 annual visits per patient. The average duration of follow-up was 8.2 years (range 1 to 16 years) but 38 patients had not been seen for the last 2 years. Majority (3172, 73%) of visits required wax removal. Topical ointment was used in 902 (20.8%) visits and 226 (5.2%) visits required a topical antibiotic prescription issued by a doctor. A total of 89 visits (2.0%) led to a referral to a medical clinic, the commonest reason being persistent infection (45 visits, 1.0%).
Conclusion: Many patients post-mastoid surgery require long-term care, which can be effectively provided in the NLMC; it gives patients rapid access in case of difficulties, whilst freeing up medical clinics for other patients. However, medical input remains important, both in terms of issuing topical antibiotic prescription and for review of problematic patients.

0359: MANAGEMENT OF NASAL FRACTURES IN A RURAL DISTRICT GENERAL HOSPITAL: A COMPLETED LOOP

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Aims: To determine if those patients referred to the ENT casualty clinic with suspected nasal fracture were all being managed correctly, with appropriate examination findings documented and appropriate examinations requested; and to set up an agreed protocol in nasal fracture management.
Method: A two cycle prospective audit was performed. Data was collected when patients were reviewed in the casualty clinic over a 3 month period.

Clinical teaching was provided to junior A&E doctors after cycle 1 and the process repeated.
Results: 66 patients were reviewed in total. Causes of nasal injuries were accidental (46%), assault (41%) and, sporting related (13%). In cycle 1, 30% of patients had correct nasal examination performed and documented and 16% of patients had facial radiographs performed despite no clinical indication. In cycle 2, 97% of patients had correct documentation of nasal examination and no patients underwent inappropriate imaging. All patients were seen within the recommended timeframe.
Conclusion: The benefit of clinical teaching proves to be valuable in educating juniors in the management of acute conditions in a specialty where they often have little or no clinical experience. The use of treatment algorithms can improve patient management of the condition, improve utilisation of resources and avoid potential complications.

0373: SIALENDOSCOPY AUDIT

Constantinos Mamais [2], Clare Williams [1], Katharine Davies [1], Nazia Munir [1], Nazmy Shehata [1]. [1] *Arrowe Park Hospital, Wirral, Merseyside, UK;* [2] *Countess Chester Hospital, Chester, UK.*

Aim: To evaluate the outcome of sialendoscopy performed at Arrowe Park DGH, and to compare this to NICE findings.
Method: A first cycle audit was performed. Retrospectively, the case notes of patients undergoing sialendoscopy between December 2004 and November 2008 were reviewed. Data was collected with regards to patient demographics, presentation, operative findings, length of stay, complications and outcome. A second cycle comparing the same parameters was subsequently undertaken for patients undergoing sialendoscopy between December 2008 to August 2012.
Results: 51 patients in the 1st cycle and 61 in the second were reviewed. In both there is a female preponderance and an average age of 54 and 50 respectively. Swelling is the most prevalent presentation, and the most frequent gland affected is the left parotid. 61% of cases in the 1st cycle were daycase procedures, increasing to 90% in the 2nd. In comparison to NICE findings 80-88% of our patients had symptom relief (82-87% NICE). 2-3% suffered ductal wall perforation (9% NICE) and no patients had nerve damage (1 patient NICE). Our own complication rate also decreased between the two cycles.
Conclusion: The outcome of sialendoscopy at our unit is improving over time and is comparable with NICE findings.

0417: PREOPERATIVE LOCALISATION OF PARATHYROID ADENOMAS WITH MIBI AND ULTRASONOGRAPHY: IS THERE AN ADVANTAGE OF A COMBINED APPROACH?

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Aim: To identify whether the combination of MIBI and ultrasound (USS) in localising a parathyroid adenoma preoperatively is more effective than either MIBI or USS used alone as the limitations of both imaging modalities are well documented.
Method: Retrospective manual analysis of patients' operative and medical notes (n=76) reviewing the position of parathyroid adenoma localised via MIBI, USS and the subsequent confirmation of parathyroid adenoma on histological evaluation.
Results: The combination of MIBI and USS provided a statistically significant improvement in preoperative localisation of parathyroid adenoma over MIBI or USS used alone (p=0.033 and p=0.043 respectively). There was no significant correlation between tumour volume and serum calcium or serum PTH (p=0.234 and p=0.742 respectively). There was a significant reduction in serum calcium and serum PTH postoperatively (p=<0.0005).
Conclusion: The combination of USS and MIBI provides improved preoperative visualisation of parathyroid adenoma. The combination of the two could reduce the failure and reoperative rates in unilateral neck exploration as well as reducing the need for bilateral neck exploration which reduces time in theatre and the risk of recurrent laryngeal nerve injury and the risk of postoperative hypoparathyroidism.

0435: COMPARING TECHNIQUES OF ENDOSCOPIC DACRYOCYSTORHINOSTOMY: RONGEUR VS. RONGEUR AND DRILL

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Introduction: Endonasal dacryocystorhinostomy (DCR) is considered to be a good alternative to external DCR for the treatment of epiphora. This study aims to compare success rates between use Rongeur only for formation of the rhinostomy to those using both Rongeur and drill.
Methods: We retrospectively reviewed all primary endonasal DCRs performed in our unit for the treatment of epiphora from 2008-2012. Success was defined as a subjective report of eye watering being 'better' or 'cured' at six month follow up.
Results: Sixty patients underwent endonasal DCR. The success rate overall was 43/57 (75.4%). Success rate with Rongeur only was 22/32 (68.8%), with both Rongeur and drill combined it was 21/25 (84.0%). Difference p=0.23 Fisher's exact test.
Conclusion: This study demonstrates good success rates for DCR with a better success rate achieved though use of the Rongeur and drill together, although with small numbers this has not achieved significance. This improved success is likely to be due to the ability to make a more superiorly placed rhinostomy with use of the drill. Our results suggest that using Rongeur and drill together may optimise the success of endonasal DCR and subsequently achieve success rates closer to those of the external approach.

0442: IMPLEMENTATION OF THE PORTSMOUTH TONSILLITIS PROTOCOL

Jonathan Bird [1], Tim Biggs [2], Chris Schulz [1], Nick Lower [1], Callum Faris [1], Costa Repanos [1]. [1] *Queen Alexandra Hospital, Portsmouth, UK;* [2] *Southampton General Hospital, Southampton, UK.*

Objective: To design a safe protocol, the first in the literature, using the best available evidence for the management of acute pharyngotonsillitis referred to the secondary setting.
Method: A retrospective review of 86 patients presenting with acute pharyngotonsillitis over a 6 month period was performed and pertinent details recorded. For the second cycle a unique treatment algorithm was produced using evidence within the literature. Following implementation of the protocol, prospective analyses of 40 patients were included in the second cycle over a 4 month period and patient outcomes compared.
Results: A total of 126 patients (56 males, 70 females), mean age of 27 years, were included in the study. Implementing the protocol reduced admission rates from 94.2% to 40% (p<0.001). The mean length of admission was reduced between cycles (p <0.001) from 36.1 hours to 13.7 hours following the protocol introduction.
Conclusion: We present a safe protocol for the management of acute pharyngotonsillitis in the secondary setting which reduced admission rates and inpatient length of stay. In a healthcare system with financial targets and finite resources this protocol has the potential to financially benefit hospitals within the National Health Service.

0444: C-REACTIVE PROTEIN AND COAGULATION STUDIES IN SECONDARY POST-TONSILLECTOMY HAEMORRHAGE – NEED FOR ROUTINE TESTING?

Jonathan Bird, Tim Biggs, Steven Frampton, Phillip Harries, Rami Salib. *University Hospital Southampton NHS Foundation Trust, Southampton, UK.*

Objective: To assess patients presenting with post tonsillectomy haemorrhage (PTH) to the Emergency Department (ED) and undergoing C-reactive protein (CRP) and/or coagulation screen testing, and to determine the clinical value of these investigations.
Method: A retrospective case note study was conducted examining patients presenting to the ED at the University Hospital of Southampton NHS Foundation Trust with secondary PTH. Pertinent details were documented including blood tests requested and management cases including the need for definitive surgical control of haemorrhage.
Results: 93 patients (39 males, 54 females) were included in the study. 75 patients (81%) underwent CRP testing with 66 (71%) undergoing coagulation testing. The mean value of all INR and APTT tests were within normal limits not revealing any significant clotting abnormalities. Clotting studies and CRP testing had no statistical impact on requirements for surgery (p>0.05).
Conclusion: The value of CRP and coagulation tests in secondary PTH remains to be seen within our results. We suggest that routine CRP and coagulation studies should not be performed on PTH patients because it does not change management and is unlikely to diagnose an underling coagulopathy. If bleeding disorders are suspected clotting factors are a more appropriate investigation.